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VIA FACSIMILE

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CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United Sates Postal Service with sufficient postage for First class or Express mall in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, Group Art Unit 2623, (703) 872-9306 on the date indicated

Date: May 21, 2004

Name: Jacqueline Wilson

weline Welson Signature

Re:

Patent Application for:

"Method and Apparatus in Transmission of Images"

Serial No. 09/719,709

Attorney Docket No. P09410-US1.

Dear Sir or Madam:

Enclosed for filing please find the following items relating to the above-identified application:

Transmittal Letter (1 page) (1)

Response under 37 C.F.R §1.116 (9 pages)

There is no additional fee for this filing. The commissioner is hereby authorized to charge payment of any additional filing fees required associated with this communication or credit any overpayment to Deposit Account No. 50-1379.

If you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972-583-8656.

Sincerely

Sidney L. Weatherford

Intellectual Property Counsel

SLW/jw





AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Magnus Pär Jändel et al.						Docket No. P09410-U\$1		
Serial No. Filing		Date er 12, 2000	_	Examiner Virginia M. Kibler			Group Art Unit 2623	
Invention: Method and Apparatus in Transmission of Images								
TO THE ASSISTANT COMMISSIONER FOR PATENTS:								
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.								
CLAIMS AS AMENDED								
	CLAIMS REVAINING AFTER AMENDMENT	HIGHEST #		R EXTRA		TE	ADDITIONAL FEE	
TOTAL CLAIMS	16	20	=	0	x	\$18.00	\$0.00	
INDEP, CLAIMS	2 -	4	=	0	× :	86.00	\$0.00	
Multiple Dependent Claims (check if applicable)								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00								
 No additional fee is required for amendment. □ Please charge Deposit Account No. 50-1379 in the amount of \$0.00 A duplicate copy of this sheet is enclosed. □ A check in the amount of to cover the filing fee is enclosed. □ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1379 A duplicate copy of this sheet is enclosed. □ Any additional filling fees required under 37 C.F.R. 1.16. □ Any patent application processing fees under 37 CFR 1.17. Signature Dated: May 21, 2004 Certificate of Mailing or Transmission I hereby certify that this correquilidance is heing don-milest with the United States 								
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cc:	Depositor's Name and Date							
					-		PHLARGE/REVOR	